



Mobilization Manifest Form

Incident Name:

Resource Order Number:

2005 Mobilization Plan

<input type="checkbox"/> Initial Response Crew		<input type="checkbox"/> Crew Change-Out (Requires I/C Approval)		<input type="checkbox"/> Initial Attack	
Time Requested:		Estimated Time of Departure:		Estimated Time of Arrival:	
Fire Jurisdiction:		Federal Tax ID #: Required		Cell Phone Number:	
Equipment #	Vehicle License #	Equipment Type Requested	Equipment Type Sent	AWD: Yes / No	Pump Rate in GPM:
				CAFS: Yes / No	Tank Size in Gallons:
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Estimated Hourly Rate \$	Position
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Estimated Hourly Rate \$	Position
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**** If you are being paid by your home agency – check “Paid by Home Agency; If you are going to be paid by the Washington State Patrol – check Paid by WSP.**

Positions:

STL/TFL - Strike Team / Task Force Leader

ENGB - Engine Boss (must be carded)

STPS – Structure Protection Specialist

I/C - Local Incident Commander

DRVR – Driver, vehicle requires a CDL license + EVAP

SOF – Safety Officer

FF - Firefighter 1 or 2 both structural or wildland

DIVS – Division Group Supervisor

***** - T** – Used to designate trainee position by adding a T

Engine Typing:

Type 1 – 1,000 GPM Pump + 400 Gallon Tank;

Type 4 – 70 GPM + 750 Gallon Tank;

Type 7 – 20 GPM Pump + 125 Gallon Tank;

Type 2 – 500 GPM Pump + 400 Gallon Tank;

Type 5 – 50 GPM Pump + 500 Gallon Tank;

Interface Attack – 250 GPM Pump + 500 Gallon Tank (carries air packs, ladder and tools found commonly on a Type 1 or 2 engine.

Type 3 – 120 GPM Pump + 300 Gallon Tank;

Type 6 – 20 GPM Pump + 125 Gallon Tank;

Tender Typing:

Type 1 – 300 Gallon Pump + 5000 Gallon Tank;

Type 2 – 200 GPM Pump + 2500 Gallon Tank;

Type 3 – 200 GPM Pump + 1000 Gallon Tank

FAX COPY TO STATE EOC PRIOR TO LEAVING

253-512-7234

Manifest Needed for Check-in

Top Copy: To Finance Section

And Payment Process

Bottom Copy: Strike Team Leader

Mobilization Manifest Form Instructions

Form Use:

This form is to be used to record personnel and equipment being sent to an incident either as a single resource or as a strike team/task force.

Completing Form:

Use one form per resource number assigned per event. Complete the form and fax to the State Emergency Operations Center prior to leaving for the event. The State Emergency Operations Center will forward the information to the event. This will allow the incident to start putting resources into an operational plan.

When checking into the event, provide the Finance Unit the original copy, the other copy will go the Strike Team/Task Force Leader.

Crew Change-Out: The replacement crew will need to only complete the Resource # and Event Name and the bottom half of the manifest. Only complete the top half of the manifest if there is a change. Fax a copy to the State Emergency Operations Center prior to leaving for the crew change out. It is the home jurisdiction's responsibility to obtain the Incident Commanders approval for a crew change prior to the change-out.

- Fill in the boxes with information requested.
- Use N/A for those not applicable.
- The hourly rate for a volunteer is from the Interagency Rate Agreement.
- The hourly rate for a career employee is the regular hourly rate. This is needed for the Incident Cost Accounting Reports (ICARS).
- Inform the time unit of duty status e.g., if on overtime status and local labor agreements, e.g., pay for all hours away from duty-station or pay for hours worked only.

☒ **Initial Response Crew**

☐ **Crew Change-Out (Requires I/C Approval)**

☐ **Initial Attack**

Time Requested: 18:30		Estimated Time of Departure: 20:30		Estimated Time of Arrival: 01:00		Date: 8/7/04	
Fire Jurisdiction: Pierce County # 6				Federal Tax ID #: Required 91-1234567		Cell Phone Number: (253) 555-1212	
Equipment # E-23	Vehicle License # 12345D	Equipment Type Requested Wildland Engine	Equipment Type Sent Type 6	AWD: Yes / No CAFS: Yes / No		Pump Rate in GPM: 50 Tank Size in Gallons: 200	
Name Robert Smythe		Agency if different than above	POB 78, Tacoma WA 98343	<input checked="" type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP		Estimated Hourly Rate \$ 23.50	Position FF
Name Allen Jones		Agency if different than above	12344 168 th Ave E, Tacoma 98445	<input checked="" type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP		Estimated Hourly Rate \$ 41.50	Position ENGB
Name Barbara White		Pierce # 23	POB 45334, Graham WA 98447	<input type="checkbox"/> Paid by Home Agency <input checked="" type="checkbox"/> Paid by WSP		Estimated Hourly Rate \$ 11.50	Position FF

FAX to the State Emergency Operations Center
Prior to Leaving for Event.
253-512-7234